		MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. FLING DATE APPLICANT(S)					
		CAI							11(3)					
,	AST	LED	ਸ਼ਾ	AFENDMENT		AFTER 280								
	MD	DEP	BID	DEP	AMENI	MENT		<u> </u>	 				•	
1	\$.	S .	1	3	900	DEP			MD	DEP	MD	DEP	PKD	Г
_ 2				 				51	 					
3		1	1					52	 					
								53	 					Г
5	1						ł	<u>54</u> 55						
- 6							ŀ	56	 	·	 			
7			<u> </u>				ŀ	57			 			
8							1	58						
10							I	59						
11			 					60						
12								61						
13							L	62						
14							L	63						_
15				 			. -	64						_
16							 	65						_
17							 -	66						
18							 -	67						_
19								68 69						_
20							-	70						
21								71						
22								72						
23	 - -							73					-	
25								74						
26								75						
27							<u> </u>	76						
28								77		$-\Gamma$				
29			-,					78						
10		\Box						79				$-\!$		_
1		$\bot\Gamma$						80 81						
2			$-\Gamma$					B2				_		
3		_						B3						
5	 -	-						34						
5								35						
,					_			16						
;		-					8	7						
	, -						8	8					- -	
		\dashv					8			$-\Box$	·			_
							9							
\Box							9		+					
		\Box				\dashv	9:					\bot		
-						-	9:							
						7	95				- 			
		_				_	96							
							97		_	-				
+-		-				1	98					- 	 	
+-						_]	99			- -	 		- 	
-						_	100			-1				
ID.			1		1	1	TOTAL	WD			-		-	
						1	TOTAL	· ·		-	<u> </u>	-	_J [·	
			77 X	2340			DEP.				·	j		